

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/677752

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		2				
2		1					52		2				
3		1					53		2				
4		1					54		2				
5		1					55		2				
6		1					56		2				
7		1					57		2				
8	1						58		2				
9		1					59		2				
10		1					60		1				
11		1					61		1				
12		1					62		1				
13	1						63		1				
14		3					64		3				
15		1					65		3				
16		1					66		1				
17		1					67		1				
18		1					68		8				
19		1					69		1				
20		1					70		1				
21		1					71		1				
22		1					72		1				
23		1					73			1			
24		1					74			1			
25		1					75			1			
26		1					76			1			
27		1					77				1		
28		1					78				1		
29		1					79						
30		1					80						
31		3					81						
32		3					82						
33	1						83						
34	1						84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41	1						91						
42		1					92						
43		1					93						
44		1					94						
45		2					95						
46		1					96						
47		6					97						
48	1						98						
49	1						99						
50		2					100						
TOTAL IND.							TOTAL IND.	8					
TOTAL DEP.							TOTAL DEP.	97					
TOTAL CLAIMS							TOTAL CLAIMS	105					